

## **OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

## Ralph T. Hudgens, Commissioner

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## **CONTACT INFORMATION NOTICE**

**REGULATORY SERVICES** GID-351-RS JUL2014

COMPANY NAME		NAIC #:	Group Code:		
Please type using upper & lower case letters, do not use handwriting. E-mail completed form to the above E-mail address.					
Main Office	Address		Phone		
	City	State	Zip		
Catastrophe /	Contact Name		Phone		
	Address	l q.	Fax		
Disaster	City	State	Zip		
Coordinator*	* Only for Property & Ca	sualty insurers that have active policies that could result	in losses due to catastrophic event		
	Only for Property & Ca	suarry misurers that have active policies that could result	in losses due to catastrophic event		
Claim	Contact Name		Phone		
	Address		Fax		
Information	City	State	Zip		
	7/////	Email			
	Contact Name		Phone		
Consumer	Address		Fax		
Complaint	City	State	Zip		
		State   Email			
	Contact Name		Phone		
Financial	Address	1 a 1	Fax		
Statement	City	State	Zip		
	1111111	Email			
	Contact Name		Phone		
Form / Rate	Address		Fax		
Filing	City	State	Zip		
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Fraud Assessment	Contact Name		Phone		
	Address		Fax		
	City	State	Zip		
		Email			
Mailing	Address				
Address	City	State	Zip		
	,				
Policy Holder	Contact Name		Phone		
	Address	La.	Fax		
	City	State	Zip		
		Email			

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Premium Tax	Contact Name		Phone
	Address		Fax
	City	State	Zip
	7//////////////////////////////////////	Email	· -
Producer Licensing	Contact Name		Phone
	Address		Fax
	City	State	Zip
	City	Email	·
Regulatory Compliance	Contact Name		Phone
	Address		Fax
	City	State	Zip
	///////////////////////////////////////	Email	
Service Of Process**	Contact Name		Phone
	Address		Fax
	City	State	Zip
	County	Email	
	** Please note that the service of process must be an individual residing in the State of Georgia		
Statutory Home	Company President		Phone
	Address		Fax
	City	State	Zip
		Email	<u> </u>